

**ORIGINAL****UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE**JESSE Z. WALKER

Plaintiff

V.

Defendant(s)

**APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT**CASE NUMBER: 07-276I, JESSE Z. WALKER declare that I am the (check appropriate box)

- • ☒ Petitioner/Plaintiff/Movant • • ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes • • ☐ No (If "No" go to Question 2) *BD scanned*

If "YES" state the place of your incarceration DelawareInmate Identification Number (Required): 047330Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • • ☐ Yes ☒ No
- a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.
- b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.
3. In the past 12 twelve months have you received any money from any of the following sources?
- |   |                                      |                                     |
|---|--------------------------------------|-------------------------------------|
| a. Business, profession or other self-employment  | • • Yes                              | <input checked="" type="radio"/> No |
| b. Rent payments, interest or dividends           | • • Yes                              | <input checked="" type="radio"/> No |
| c. Pensions, annuities or life insurance payments | • • Yes                              | <input checked="" type="radio"/> No |
| d. Disability or workers compensation payments    | • • Yes                              | <input checked="" type="radio"/> No |
| e. Gifts or inheritances                          | <input checked="" type="radio"/> Yes | • • No                              |
| f. Any other sources                              | • • Yes                              | <input checked="" type="radio"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)  
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

• • Yes

• • No

If "Yes" state the total amount \$ \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• • No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

*NO* *J.* *- To* *without paying child support*  
*I greatly contributed to the welfare of my*  
*Daughter*

I declare under penalty of perjury that the above information is true and correct.

5-16-07

DATE

*[Signature]*

SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

**DELAWARE CORRECTIONAL CENTER**  
**SUPPORT SERVICES OFFICE**  
**MEMORANDUM**

TO: Jessie Walker SBI#: 047330

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

7-276

DATE: March 7, 2007

Attached are copies of your inmate account statement for the months of September 1, 2006 to February 28, 2007

The following indicates the average daily balances.



<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Sept</u>	<u>8.62</u>
<u>Oct</u>	<u>2.86</u>
<u>Nov</u>	<u>9.71</u>
<u>Dec</u>	<u>1.63</u>
<u>Jan</u>	<u>.49</u>
<u>Feb</u>	<u>2.09</u>

Average daily balances/6 months: 4.23

Attachments

CC: File

Stacy Shane  
3/7/07

Jessie Walker  
L. Shaw

CERTIFICATE

(Incarcerated applicants only)

*(To be completed by the institution of incarceration)*

I certify that the applicant named herein has the sum of \$ 1.15 on account his/her credit at (name of institution) Delaware Correctional Center

I further certify that the applicant has the following securities to his/her credit: (-2.99)

I further certify that during the past six months the applicant's average monthly balance was \$ 4.23  
and the average monthly deposits were \$ 8.33

3/1/07  
Date

Stacy Shane  
Signature of Authorized Officer

*(NOTE THE REQUIREMENT IN ITEM 1 FOR THE INMATE TO OBTAIN AND ATTACH LEDGER SHEETS OF ACCOUNT TRANSACTIONS OVER THE PAST SIX MONTH PERIOD. LEDGER SHEETS ARE NOT REQUIRED FOR CASES FILED PURSUANT TO 28:USC §2254)*

RECEIVED-D.C.C.

MAR 07 2007

SUPPORT SERVICES MANAGER

# Individual Statement From September 2006 to December 2006

Date Printed: 3/7/2007

Page 1 of 1

SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	\$0.00
00047330	WALKER	JESSIE	E		Ending Month Balance:	\$0.49
Current Location:	22	Comments:				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Medical	9/8/2006	\$0.00	(\$6.00)	\$0.00	\$0.00	317791		9/1/06	
Mail	9/11/2006	\$20.00	\$0.00	\$0.00	\$20.00	318082	5567357474		C. WILLIAMS
Medical	9/15/2006	(\$6.00)	\$0.00	\$0.00	\$14.00	320676		9/1/06	
Canteen	9/26/2006	(\$9.07)	\$0.00	\$0.00	\$4.93	324098			
Supplies-MailP	10/10/2006	\$0.00	\$0.00	(\$0.39)	\$4.93	329717		10/1/06	
Medical	10/19/2006	\$0.00	(\$6.00)	\$0.00	\$4.93	334688		10/10/06	
Medical	10/19/2006	(\$4.93)	(\$1.07)	\$0.00	\$0.00	334889		10/10/06	
Mail	11/9/2006	\$20.00	\$0.00	\$0.00	\$20.00	345038	9231010712		F. JOHNS
Medical	11/17/2006	(\$1.07)	\$0.00	\$0.00	\$18.93	347810		10/10/06	
Canteen	11/21/2006	(\$13.38)	\$0.00	\$0.00	\$5.55	348916			
Supplies-MailP	12/8/2006	(\$3.89)	\$0.00	\$0.00	\$1.66	356565		7/17/06	
Supplies-MailP	12/8/2006	(\$0.39)	\$0.00	\$0.00	\$1.27	356571		7/17/06	
Supplies-MailP	12/8/2006	(\$0.39)	\$0.00	\$0.00	\$0.88	356591		7/20/06	
Supplies-MailP	12/8/2006	(\$0.39)	\$0.00	\$0.00	\$0.49	356636		10/1/06	
					Ending Month Balance:	\$0.49			

Total Amount Currently on Medical Hold: (\$2.85)

Total Amount Currently on Non-Medical Hold: (\$0.14)

# Individual Statement From January 2007 to February 2007

Page 1 of 1

Date Printed: 3/7/2007

<b>SBI</b>	<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Suffix</b>	<b>Beginning Month Balance:</b>	<b>\$0.49</b>
00047330	WALKER	JESSIE	E		<b>Ending Month Balance:</b>	<b>\$1.15</b>
<b>Current Location:</b>	<b>22</b>	<b>Comments:</b>				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Supplies-MailP	2/7/2007	\$0.00	\$0.00	(\$0.63)	\$0.49	383521		1/25/07	
Supplies-MailP	2/16/2007	(\$0.49)	\$0.00	(\$0.14)	\$0.00	389228		1/25/07	
Mail	2/23/2007	\$10.00	\$0.00	\$0.00	\$10.00	392023	49879331326		L PRICE
Canteen	2/28/2007	(\$8.85)	\$0.00	\$0.00	\$1.15	393664			
					<b>Ending Month Balance: \$1.15</b>				

Total Amount Currently on Medical Hold: (\$2.85)

Total Amount Currently on Non-Medical Hold: (\$0.14)